

## TOWN OF MILLVILLE

36404 Club House Road, Millville, DE 19967 TEL (302) 539-0449 FAX (302) 539-0879 www.millville.delaware.gov

## **BUSINESS LICENSE APPLICATION**

## **INSTRUCTIONS:**

- 1. Complete all information, sign and submit this application along with required documentation and check payable to the TOWN OF MILLVILLE for the amount applicable (see #5 below) to the address above. Licenses will not be issued without this form, payment and other information required.
- 2. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete information.
- 3. Submit a copy of your valid Delaware State Business License.
- 4. All CONTRACTORS are required to submit poof of liability insurance, issued in the name of the business.

Annual Business License	\$100
Annual License if purchased after Nov. 1 <sup>st</sup>	\$ 50
Mobile Food Vendor Full-Year License	\$ 50
Temporary License (up to 30 consecutive days)	\$ 25
Late Fee if application is received after June 1 <sup>st</sup>	\$ 50
	**Annual License if purchased after Nov. 1** Mobile Food Vendor Full-Year License Temporary License (up to 30 consecutive days)

- 6. Business licenses run concurrent with the Town's fiscal year May 1<sup>st</sup> thru April 30<sup>th</sup>. Renewal applications are automatically mailed out May 1<sup>st</sup> to the mailing address provided by the applicant and are by due June 1<sup>st</sup>
- 7. Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
- 8. ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.

BUSINESS NAME					
DBA (IF APPLICABLE)					
NATURE OF BUSINESS				# OF EMPLOYEES	
IF PARTNERSHIP OR					
CORPORATION: NAMES, ADDRESSES					
& PHONES OF INDIVIDUALS OR					
PRINCIPAL OFFICERS					
MAILING ADDRESS					
PHYSICAL LOCATION OF BUSINESS					
CONTACT PERSON		TIT	LE		
BUSINESS PHONE		FAX	<		
CELL PHONE	EMA	JL			

I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.

olicant's Signature:		Date:	
TOWN OFFICIAL USE ONLY			
	I	L	-
Amount: \$	Check# :	Date:	_
Town Official Approval:		Date:	_